

INFORMATION

Your Medical Assistant

HENRY BODNER, M.D., *Los Angeles*

THE WELL QUALIFIED, highly trained medical assistant of today is a vitally important part of the art and practice of medicine. Good public relations are usually well exemplified in an efficient assistant.

The organizational pattern of the Medical Assistants Association is very much like that of the American Medical Association and its component state and county medical associations. There are county, state (California Medical Assistants Association) and national bodies (American Association of Medical Assistants). The American Association of Medical Assistants has now grown to an organization of approximately 15,000 members in 44 state chapters. The California Medical Assistants Association has approximately 2,100 members in 45 local chapters. This organization is still dedicated to the basic principles and guidance indicated in the constitution of the Long Beach Medical Assistants Association which was organized more than 30 years ago. The original Long Beach Chapter constitution stated:

The object of this organization shall be to aid in the advancement and elevation of the medical professions by encouraging women employed as medical assistants in ethical medical offices to form societies whereby they may secure the educational advantages of lectures, discussions and instruction in the details of their duties; to bring to its members a desire to render more efficient service and to be truthful, honest and loyal to the profession which they serve; to create a feeling of fellowship and cooperation among its members and promote among them a desire for mutual improvement, and it shall be non-profit, non-union, non-partisan and non-sectarian.

Component medical assistant chapters have physicians as "medical advisors." These advisors are requested to serve by the respective chapters subject to approval by the local county medical association. The state medical assistants associa-

tion and the national organization also have physicians to serve in an advisory capacity, and their appointment also must be approved by the state medical society and the American Medical Association.

The medical assistant has gained much stature in recent years as the result of studies over the past few decades. It is obvious that a good assistant can be of real help to her employer in providing good medical care. The future value of the medical assistant was all the more emphasized when a recent survey showed that most physicians spend one-third of their time in administrative details (with such things as writing records in longhand, explaining hospital costs, discussion of insurance coverage and accounts) which can easily be handled by a qualified aide.

The medical assistants organization now has established a certification board analogous to the various medical specialty boards. The medical assistants chapters throughout the United States have a continuous educational program carried on at monthly meetings. In addition, most state associations, as well as local chapters, sponsor one- to two-day educational symposia through the year. Under the guidance or stimulation of component medical societies, more than 20 junior colleges in the state of California now offer courses in medical assistant training. The California Medical Association has established a Liaison Committee to the California Medical Assistants Association to cooperate and work with California junior college administrators. The California Industrial Education Association, California Medical Assistants Association president, state educators and hospital administrators attended California Medical Association council meetings this past year to advise and attempt to standardize the course of study for medical assistants.

The Maricopa County Medical Society in Arizona recently established a five-month training school for medical assistants. This school has a faculty of professional educators as well as a group of more than 25 active practicing physicians. The fifth month of training in this school consists of an internship in a physician's office. Medical subjects offered to the students include anatomy, physiology, patient relations, preparing patients for examination, operation of the electrocardiograph, reading the blood pressure and temperature, professional ethics, medical terminology and spelling, medical transcription and corre-

Dr. Bodner is a member of the California Medical Association Advisory Committee to the California Medical Assistants Association.

spondence. The non-medical subjects include use of dictating machines, medical office accounting, collections and credit, preparation of insurance and industrial commission forms, office management, social security and taxes, telephone techniques, purchasing supplies and services, malpractice insurance, role of the detail man and grooming and personal development.

In the near future, there may be set up national computer systems for all patients in the United States to facilitate more complete patient histories. Automated billing is already in effect in some areas. Central record controls are obviously around the corner. Computerized and electronic equipment will obviously continue to be increasingly important in day-to-day practice. The Medical Assistants Association is well aware of the need for all aides to be familiar with the operation of these varied types of electronic equipment.

The physician's partner in the care of the sick warrants the utmost interest and cooperation by the physician. Much closer liaison between individual physicians and medical assistants associations is needed. More physicians should encourage their assistants to be members of an organization dedicated to improving themselves by constant education and training. A physician investing dues for his aides in this organization would receive countless returns on his investment.

Although numerous attempts have been made to unionize our assistants, they still insist on staying out of labor organizations. As physicians individually and as members of our county, state, and national medical association, we must continue to support the Medical Assistants Association. If we expect loyalty from our assistants, we need to be loyal to them. Have you urged and sponsored your aides to membership in the Medical Assistants Association?

Dentist-Physician Relationship In Extended Care Facilities

THE HOSPITAL DENTAL SERVICE Committee of California Dental Association and Southern California Dental Association, meeting in joint session on 9 November 1966 in Los Angeles, developed the following statement defining the obligations of

the dentist concerning services for patients in Extended Care Facilities, Nursing Homes, Convalescent Hospitals, etc., under the Medicare and Medi-Cal programs. A firm understanding of the dentist-physician relationship will obviate the need for stringent controls by government agencies.

Dentists rendering care to patients in extended health care facilities, nursing and convalescent homes who need other medical services should consult with the patient's physician so that the total health of the patient may be considered.

Procedures to implement dentist-physician consultations should be established in each facility so as to allow the dentist freedom to carry out his responsibility for the dental health of the patient without jeopardizing the physician's concern for the patient's physical and emotional condition. Special emphasis should be placed on consultation where the administration of drugs and anesthetic agents is contemplated.

CHESTER W. MERRILL, *Chairman*
Hospital Dental Service Committee
California Dental Association

CHARLES YOON, *Chairman*
Hospital Dental Service Committee
Southern California Dental Association

Federalized Health Care Systems in Western Europe And Australia

A Report of the Bureau of Research and Planning,
California Medical Association

CURRENT LEGISLATIVE action, including passage of P.L. 89-97, which contains provisions for health benefits for the aged, necessitates review of the responsibility assumed in other countries by government for the financing and provision of health care, if only to become acquainted with programs of these other countries. The object of this *Report* is to describe the nature, organization, and distribution of health benefits in several countries, largely in Western Europe, but including also the unique system found in Australia. No attempt is made to compare in a critical fashion the varied systems

Reprint requests to: 693 Sutter Street, San Francisco 94102.